

Field Travel Approval



Name _____ Ministry _____ Invited By _____

Purpose for Travel _____

Destination(s) (city, state/country)	Destination Region	Date From	Date To

(00) used in funding trip.

Total Trip Cost Estimate Other funding source: _____

Overseas travel insurance needed, as I am exempt from AGWM insurance.
Account number to charge: _____

Family Traveling	Date From	Date To	Purpose for Travel	Estimated Cost*

*Portion of the total above.
Do not include personal travel costs.

Approvals and Review

Additional lines are provided as needed for multiple areas/regions within the same trip.

Ministry Director / Date *By signing this, I verify that the traveler/
ministry has sufficient funds for this trip.*

Area Director for Country of Travel (overseas only) / Date

Regional Director for Country of Travel (overseas only) / Date

International Ministries Director / Date

Mobilization & Development Director (if itinerating) / Date

Area Director for Additional Destination / Date

Regional Director for Additional Destination / Date

Area Director for Additional Destination / Date

Regional Director for Additional Destination / Date

Area Director for Additional Destination / Date

Regional Director for Additional Destination / Date

Approval minuted: _____

Missionary: Include this signed and minuted approval form in your expense report.